



City of Celina Employment Application

The City of Celina is an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Applications are accepted for current openings only

Position Applying For:

Date of Application:

Wages Expected:

How did you learn about the position opening?

- ☐ Friend/Relative
☐ Walk-in

- ☐ Celina Star
☐ Internet
☐

- ☐ Other Newspaper: _____
☐ Other: _____
☐

PERSONAL DATA

Last Name			First			Middle											
Street Address						Home Phone ()											
City			State		Zip		Mobile Phone ()										
Driver's License Number			State		Class		Expiration Date										
<p>Can you verify your legal rights to work in the United States by providing a birth certificate, proof of U.S. Citizenship, or by some other means? (Proof of citizenship or immigration status will be required upon employment.)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List any relatives or roommates currently working for the City of Celina:</p> <table style="width:100%"><tr><td style="width:40%">Name</td><td style="width:30%">Department</td><td style="width:30%">Relationship</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table> <p>Have you been convicted of a felony or misdemeanor in the past 10 years, excluding minor traffic violations, which has not been annulled, expunged or sealed by the court? Conviction includes any guilty or no-contest plea or verdict, or finding of guilt, regardless of what sentence was imposed. (A conviction record will not necessarily be a bar from employment.)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please describe in full detail: _____</p> <p>_____</p> <p>_____</p> <p>Were you previously employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list dates and department(s): _____</p>									Name	Department	Relationship	_____	_____	_____	_____	_____	_____
Name	Department	Relationship															
_____	_____	_____															
_____	_____	_____															

EDUCATION AND TRAINING

Education	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any special qualifications, skills, licenses, certificates, or other relevant training: _____

EMPLOYMENT HISTORY

In the space provided below give your employment history for the last 10 years, beginning with your PRESENT or most recent employer. List all positions held, including military, part - time, summer and volunteer work. Details on any period of unemployment must be included. If additional space is required, please attach additional sheets using the same format.

EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE NO.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____ _____
EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE NO.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____ _____
EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE NO.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____ _____
EMPLOYER: _____ ADDRESS: _____ _____ TELEPHONE NO.: _____ SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED START: _____ SEPARATION: _____ HOURLY RATE/SALARY STARTING: _____ FINAL: _____ REASON FOR LEAVING: _____ _____	JOB TITLE: _____ DUTIES PERFORMED: _____ _____ _____ _____ _____ _____

CERTIFICATION and ACKNOWLEDGEMENT: I certify that the information in my application for employment is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from employment at any time. Further, I understand and acknowledge that any employment relationship with the City of Celina is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the employee at any time with or without cause or notice. I further understand that this "at will" employment relationship may not be changed by any expressed or implied contract.

AUTHORIZATION: I authorize my current and former employer(s) and character references to release any information regarding my employment. I hereby authorize the City of Celina to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

Applicant Signature

Date

Return this application to:
City of Celina Human Resources, 302 W. Walnut Street Celina , TX 75009
Telephone (972) 382-2682 Fax Number (972) 382-3736

Optional Employment Application Supplement

TO THE APPLICANT: The commitment of the City of Celina to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for the Human Resources Office use only in order to assist us in complying with EEO reporting guidelines. Because this information is **VOLUNTARY** and it will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application. In addition, upon employment, this information will not be used for any subsequent personnel decision.

Please complete the following:

Last Name: _____

First Name: _____

Sex: Female _____ Male _____

Address: _____

Phone #: (____) _____

City/State/Zip: _____

Date of Birth: _____

Position for which you are an applicant: _____

Date Applied: _____

National Origin: USA _____ Other(Specify) _____

Race*: American Indian _____ Black _____ Hispanic _____ White _____
Asian American _____ Other _____

Military Service Status: Veteran _____ Non-Veteran _____ Active Duty _____
Reserve /Guard _____

Discharge Date: _____

Please indicate source from which you learned of this position:

City Website _____ Other Career Website _____ City's Bulletin Board _____ City Cable _____

Job Interest Card _____ Employment Agency _____ University Career Services _____

Referred by a City Employee _____ Dallas Morning News _____ Frisco Enterprise _____

Employment News _____ Other _____

***NOTE:** For purposes of racial statistical tabulation, the following categories are used:

American Indian- includes persons who identify themselves or are known as such by virtue of tribal association

Asian American- includes persons of Japanese, Chinese, Korean or Filipino descent

Black- includes persons of African descent, as well as those identified as Jamaican, Trinidadian, and West Indian descent

Hispanic- includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent

White- includes person of Indo-European descent, including Pakistani and East Indian persons

Other- includes Eskimos, Malaysians, Thais, and other not covered above



Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City of Celina and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Celina or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the City of Celina and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Signature _____

Print Name: _____

Date _____